



ANNUAL REPORT

OF THE

Medical Officer of Health

not FOR THE

ARNOLD URBAN SANITARY DISTRICT,

FOR THE YEAR 1907.



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ARNOLD, MARCH 2ND, 1908.

TO THE ARNOLD URBAN DISTRICT COUNCIL.

GENTLEMEN,

I beg to present my eleventh Annual Report. The year 1907 has been a comparatively uneventful one for Arnold from a sanitary point of view. The beginning of the year was marked by very severe weather, which lasted until the end of February and accounted for much illness, the death-rate for that month being as high as 19·05 owing to the large number of deaths from respiratory diseases. Influenza was also very prevalent during the first two months of the year.

In March Pneumonia became almost epidemic, young children being the chief sufferers. Fortunately the attacks were comparatively mild, and the mortality was low.

In June Measles became epidemic, and I advised you early to close the Infants' Schools for three weeks. This appeared to be effectual in preventing the disease spreading unduly, but there were still a few cases during the first week or two of August.

Diarrhœa was very prevalent during September and the early part of October, due, no doubt, to the warm, dry weather at that time. The remainder of the year calls for no special comment, excepting for the cases of Typhoid Fever which occurred, and to which I refer later on.

I will ask you now to consider the

Vital Statistics.

I.—*Population*.—Mr. Coope, the collector of rates, has been kind enough to calculate for me the number of houses on the rate book at the end of June. This, he informed me, was 2,465, an increase of 41 during the twelve months. I have reckoned that there are about 150 empty houses, and so we have 2,315 inhabited. The average number of inhabitants per house at the last census was 4·8, but where there has been rapid building the number of persons per house usually decreases, and so I have reckoned it as 4·5 instead of 4·8.

The population, therefore, on this calculation was 10,417 at the end of June, an increase of 184 on the previous year. This appears to be a small increase, considering that the natural increase is 177, there having been 309 births and 132 deaths registered. In the absence of a more frequent census it is impossible to be accurate, and one can only presume that either people have left the district, or that the new houses are tenanted by old inhabitants, which I have noticed is often the case.

At the last census there was found to be a great discrepancy between the estimated and true population in most places, and as most of the important statistics have to be reckoned from the population, it seems most desirable that a census should be taken more frequently.

II.—*Deaths*.—There were 119 deaths—61 males and 58 females—registered in the district, and there were 13 deaths of residents in public institutions outside it, making a total of 132—67 males and 65 females.

Dr. Handford, Medical Officer of Health for the County, has again been at the trouble of obtaining lists of residents dying in public institutions outside their own districts, and forwarding them to the District Medical Officers, and without this assistance it would be impossible to fill in accurately the Local Government Board's Tables.

These deaths occurred as follows,—

6	in the Nottingham General Hospital.
5	„ Basford Workhouse.
2	„ County Asylum.

No deaths have to be deducted because there is no public institution for the sick in the district.

The death rate of those registered in the district is 11·42 per 1,000 per annum, and the nett or corrected death rate is 12·67. The former

is the lowest I have ever recorded, and is more than three less than the average of the previous ten years. This fact would be all the more gratifying if it were certain that the estimation of the population was correct; but inasmuch as it is nearly seven years since the last census, it rather discounts the value of this calculation.

The rate for England and Wales in 1907 was 15, for 76 great towns 15·4, for 142 smaller towns 14·5, and for England and Wales, less the 218 towns, 14·7.

Of the 132 deaths—

46 were under 1 year of age.			
9 were between 1— 5 years of age.			
4	„	5—15	„
4	„	15—25	„
38	„	25—65	„
31	„	over 65	„

The diseases causing the chief mortality were—

Bronchitis ...	...	...	18
Pneumonia	...	...	15
Consumption	...	...	12
Premature Birth	...	...	10
Heart Diseases	...	...	7
Diarrhœa	...	...	7
Cancer	...	...	6

There were three deaths from accidents.

Age Mortality.

Table IV. shows the ages at which the deaths occurred, and also the causes of death, classified and arranged. The following is the percentage of deaths at different ages:—

Under 1 year	...	46 deaths	...	34·84 per cent.
Between 1— 5 years	9	„	...	6·81 „
„ 5—15	4	„	...	3·03 „
„ 15—25	4	„	...	3·03 „
„ 25—65	38	„	...	28·78 „
Over 65	31	„	...	23·48 „

Seasonal Mortality.

37 Deaths occurred in the 1st quarter, or 31·09 per cent.

25	„	„	2nd	„	21	„
29	„	„	3rd	„	24·37	„
28	„	„	4th	„	23·52	„

Infant Mortality.

There were 46 deaths of Infants under 12 months of age, which means a death rate of 148 per 1,000 births. The death rate for England and Wales in the same period was 118.

The causes of these deaths were:—

Premature Birth	...	...	10
Pneumonia	...	...	7
Diarrhœa	...	...	7
Congenital Defects	...	...	5
Bronchitis	...	...	5
Want of Breast Milk	...	...	4
Convulsions	...	...	3
Marasmus	...	...	2
Measles	...	...	1
Laryngitis	...	...	1
Overlying	...	...	1

Fourteen of these deaths took place during the first month.

The following from the County Medical Officer's Report for 1906 is an interesting table of the infantile death rates of surrounding districts for that year:—

Hucknall Torkard	...	...	163
Huthwaite	...	...	159
Beeston	...	...	147
Worksop	...	...	146
Kirkby-in-Ashfield	...	...	138
Sutton-in-Ashfield	...	...	138
Eastwood	...	...	135
Arnold	...	...	124
Carlton	...	...	124
Mansfield	...	...	120
Warsop	...	...	119
West Bridgford	...	...	74

It is a matter for much regret that the infant death rate should again be high: it is considerably more than in 1906, but less than the average for the previous ten years, the figures for which are 251, 151, 179, 151, 139, 141, 170, 200, 161, 121.

The most noticeable feature in connection with this subject is the comparatively large number of deaths registered as from "Premature Birth:" usually Diarrhoea, which is often a preventable disease, has been the chief cause of these deaths; Premature Birth, however, is to a great extent preventable too; women who have to do hard manual work at home, or have many hours to put in at a factory, and those who live in unhealthy surroundings and lead unwholesome lives are very apt to miscarry. There is a great need in this district of a lady health visitor who will instruct women in the care of themselves during pregnancy, and in the care of the newly born infant, especially those born prematurely.

A few years ago I said in one of my reports that I did not think lectures on these subjects were of much use, probably the people who needed instruction most would not come, and if they did would only carry away with them a very hazy recollection of what they had been told: the only method which has been found to be of any practical and lasting good is the appointment of lady health visitors, who visit the homes and teach mothers in a friendly and sympathetic manner how to feed and clothe their infants and how to look after their own health, so that their offspring will be mature and healthy.

The probable cost of a health visitor would be about £100 per year.

In connection with this subject I would like to point out that, in my opinion, the Early Notification of Births Act which has recently become law, but need not necessarily be adopted by Local Authorities, would be absolutely useless without a lady inspector. By this Act it is compulsory that a birth be notified to the Medical Officer of Health within twenty-four hours, but unless this is to be followed up by systematic teaching and advice and *constant* supervision in those cases where it is obviously necessary, and this could only be done by a lady visitor, I do not see that the Act would be of much benefit.

There were 14 illegitimate children born, six of whom died, that is to say, that out of every 100 illegitimate infants, 42 would die before they were 12 months of age. In 1906 the percentage was 26. The percentage of deaths in legitimate children is only 13.

I have no other figures for comparison, but if these are anything like the average for the whole country, it shows an appalling state of things; of course, it cannot be doubted that illegitimate children as a rule enter the world under very disadvantageous circumstances, but there must be something more to account for this terrible death rate, and one cannot help but think that there must be neglect on the mother's part, it is easy to believe that these children are not wanted and that they are more or less wilfully neglected. These cases are difficult to prove, but it is important for medical men to be on the outlook for such cases, and to withhold the certificate of death if there be any reasonable ground for suspicion.

III.—*Births*. 309 were registered during the year, 158 males and 151 females.

The Birth Rate is 29·66 per 1,000 per annum, which is a decrease both on the preceding year and on the average for the preceding ten years. The Birth Rate for England and Wales was 26·3. There were 14 illegitimate births registered, or a rate of 45·3 per 1,000 births. In the Urban Districts in 1906 the rate was 44·4, and in the Rural 36·1.

IV.—*Infectious Diseases*. There were 41 notified during the year. The numbers for the preceding five years 28, 106, 55, 16, 62.

The following were the diseases :—

Typhoid Fever	...	...	...	16
Diphtheria	...	...	...	12
Scarlet Fever	...	...	...	11
Erysipelas	...	...	...	2

Table III shows the ages at which they occurred.

There were 14 deaths from Zymotic or Infectious Diseases :—

7	from Epidemic Diarrhoea
3	„ Measles
2	„ Influenza
1	„ Diphtheria
1	„ Typhoid Fever

This represents a death rate of 1·33 per 1000 of estimated population per annum, which is practically the same as in 1906.

The death rate from the principal Epidemic diseases in England and Wales was 1·26.

Notifiable Infectious Diseases.

I.—Enteric or Typhoid Fever. Sixteen cases were notified during the year. The numbers for the years 1897—1906 were 5, 8, 2, 3, 2, 1, 6, 5, 5, 2. These sixteen cases were confined to four houses, and the origin of them is interesting.

A small boy living in Calverton Road was the first patient notified, and within a short time his mother and father and four other children were all down with the disease. I inspected the premises, but could find no obvious sanitary defect, so I asked your Surveyor to test the drains, and he found a defective drain pipe, which was ~~was~~ probably the *predisposing* cause of the outbreak, though not the *actual*, unless the contents of the drain were contaminated with the specific infection from a previous case. We also visited the farm from which they obtained their milk, but could not detect anything detrimental either in the cows or cowsheds, neither had there been any illness at the farm, nor in the house where the milker lived. It was impossible to get any of the patients away to the Hospital, in consequence of there being no vacant beds, but the man at last became quite unmanageable at home owing to violent delirium, and he was eventually removed to the General Hospital as an urgent case: he unfortunately died after a few days. The others were dependent on our District Nurse, who did splendid service, and the casual help of neighbours. They all eventually recovered.

During the course of this illness a neighbour, who had helped with the nursing, developed the disease, her attack was mild and she made a good recovery.

The next series of cases, four in number, occurred in a house in Smithy Row. The mode of infection here was obvious, as a baby from the first infected house had been taken by these people to look after, and though apparently it was quite well when they first received it, it began to suffer from Diarrhœa after a short time, and eventually this child was certified as suffering from Typhoid Fever. The mischief, however, had already been done, and four children aged 17, 12, 9 and 7 years all developed the disease. On my first visit I found all these four children in one bed, there being absolutely no other accommodation. I immediately communicated with the Secretary of the General Hospital, and he kindly admitted all the cases at once.

They have all done well and will be shortly discharged.

The third series of cases occurred in Cavendish Street. Infection was undoubtedly brought to this house by a married daughter, who was sent there from a neighbouring village to recuperate after a supposed attack of Influenza. After being here for some time I was asked to see her, and I suspected she was convalescing from Typhoid Fever, and that this was evidently the case is practically proved by the fact that her mother and three brothers all eventually developed the disease, as well as her husband at her own home. At the time of writing this report the boys are quite convalescent, but the mother is in a desperate condition, and it is doubtful whether she will recover.

*

All these four houses were provided with the old-fashioned privy midden, and to show how this has a direct bearing on the subject I quote from my report for 1902—"for ten years (referring to Nottingham) there was one case of Typhoid Fever for every 558 houses with water closets, one case for every 120 houses with pail closets, and one for every 37 houses with privy middens."

In the homes of the poor where the accommodation is so limited, and in which it is impossible to obtain skilled nursing, and where disinfection of the excreta and discharges will not be carried out, it is a necessity that Typhoid Fever patients be treated in Hospital, and I would suggest that the two chief measures to be adopted to stay the spread of this disease are :—

- (1) The Water Carriage System for the removal of excreta.
- (2) Hospital Isolation.

II.—*Diphtheria*. Twelve cases were notified during the year, one of which was fatal, giving a case fatality of 8·3 per cent., which is considerably below the average for the county as a whole in 1906.

The disease is not a very common one in this district, but the mortality from it is excessive as the following table shows :—

	Cases.	Deaths.	Fatality per cent.
1900 ...	1	0	0·
1901 ...	5	2	40·
1902 ...	13	4	30·7
1903 ...	7	1	14·2
1904 ...	23	8	34·7
1905 ...	1	1	100·
1906 ...	8	2	25·
1907 ...	12	1	8·3

The cases occurred at varying intervals throughout the year, and in only two instances could I trace any definite connection between them. There is no doubt that infection spreads from person to person, and that insanitary conditions, though making people susceptible to the disease through undermining their general health, cannot originate an entirely fresh case. Schools are the chief means by which this disease is spread, children with a mild unsuspected attack often attending and imparting the disease to others.

The chief measures calculated to check the progress of this disease are :—

- (1) Cleanliness and improved sanitation.
- (2) The systematic use of anti-diphtheritic serum, with the free distribution of it to the poor. I mentioned in my last report that the serum is somewhat expensive, and that poor people cannot always afford to buy it; in some districts it is provided free by the Local Authorities, and I asked whether it could not be done so here. I do not know whether the Council have considered the matter.
- (3) Hospital Isolation. This is very important, not only for the effectual isolation of the patient, but for nursing also, which is of supreme importance, especially when, in very bad cases, a serious operation has to be performed.

III.—*Scarlet Fever* was notified 11 times. Five cases occurred in February, the others were distributed at varying intervals during the remaining months. The attacks generally were mild and without complications, and there were no deaths from this cause. This is a disease which certainly requires Hospital Isolation. In the homes of the poor, where the accommodation is so limited, it is practically impossible to obtain proper isolation. In many cases, moreover, two or perhaps three girls in the family have to be kept away from work at the factory or laundry for fear of spreading infection, and no home work can be done. In these cases it is a grave hardship from a monetary point of view.

It should be remembered that the isolation in Hospital of infectious patients is mainly for the good of the community at large, and not for the benefit of the patient, and therefore it behoves Local Authorities to seriously consider the matter.

IV.—*Erysipelas*. Two cases were notified.

V.—*Puerperal Fever*, and

VI.—*Small Pox* were entirely absent.

Non=Notifiable Infectious Diseases.

VII.—*Measles* became epidemic early in June. On June 8th there were sixteen children away from the Daybrook Infant School, and one each from the High Street and Calverton Road Schools. I thought this quite sufficient to justify me in recommending you to close all the Infants' Departments. To be effectual school closure must be enforced early; it is no good waiting until the epidemic is beyond control. The schools were accordingly closed for three weeks from June 12th.

A very large percentage of the deaths from Measles occurs in children under five years of age, and inasmuch as most of the older children have already had the disease, it has been usually found sufficient to close the Infants' Departments only.

Owing to the fact that Measles is infectious before the rash appears, and therefore before the complaint can be diagnosed, many children continue to attend school whilst in an infectious condition, and this is why, when once started in a school, Measles is difficult to eradicate.

The disease was not of a very severe type, and there were only three deaths, all in children under five years of age. There were still a large number of children ill when the Schools were re-opened, and a few fresh cases kept springing up, and the epidemic did not finally cease till about the second week in August.

All the Schools were disinfected immediately after the closure.

VIII.—*Whooping Cough* has been almost entirely absent during the year.

IX.—*Diarrhœa* appeared considerably later in the year than usually. This is accounted for by the fact that the summer was a wet one, and there was no spell of warm dry weather till September. During the latter end of that month and early October Diarrhœa was very prevalent; it caused seven deaths, all in infants under twelve months of age.

I have on many occasions dealt with the causes of this disease during the summer months, and they can be summed up as follows :—

- (1) Want of cleanliness in the house and food.
- (2) Improper feeding of infants.
- (3) Dirty unpaved yards around houses. Until we abolish the privy midden system, insist on the paving with impervious materials of house yards, and educate the population as to the prime necessity of cleanliness in the house and with respect to infants' clothing and food, we shall continue to have the infant population decimated by epidemics of preventable diarrhœal diseases.

It is true that many houses are so defective and insanitary that they cannot be kept clean and healthy, but it is also unfortunately true that a large proportion of the population, however healthy the house may be structurally, lack the necessary knowledge or willingness to keep it healthy and clean.

A lady health visitor could do much good in this respect.

X.—Influenza was epidemic during January and February, and a large number of persons were attacked: the disease generally was not of a severe kind, and complications were few. There were, however, two deaths from this cause. There is no doubt that influenza is not nearly so severe a disease as it was when it appeared in this country about seventeen years ago: in 1891 it accounted for over 7 per cent. of the deaths in this place, and year by year the mortality has been lessening.

XI.—*Phthisis*, or Consumption of the Lungs, caused 12 deaths, giving a death rate of 1·15 per 1,000 per annum.

The following table gives the death rates for the preceding ten years, showing an average of ·94 :—

1897	...	...	1·21
1898	...	...	1·07
1899	...	...	·42
1900	...	...	·82
1901	...	...	·91
1902	...	...	1·12
1903	...	...	1·11
1904	...	...	·90
1905	...	...	1·23
1906	...	...	·68

The death rate from other Tuberculous Diseases is $\cdot 28$ per 1,000 per annum, and from all Tuberculous Diseases 1.43.

It is now generally recognised that this disease is predisposed to by overcrowding, defective ventilation and general insanitary conditions in houses ; it is undoubtedly an infectious disease, and the sputum is the main agent for the conveyance of the germ from man to man.

The chief preventive measures are :—

- (1). The prevention of overcrowding.
- (2). Efficient ventilation in rooms both night and day.
- (3). The prevention of the sale of milk from Tubercular Cows.
- (4). The prevention of spitting in public places.
- (5). The destruction by fire of the sputum from a consumptive patient.

Notification of Infectious Diseases.

All the 41 cases reported during the year were investigated by myself, and an endeavour made to trace the origin of the infection, inquiries also being made respecting sanitary conditions and milk supply, The importance of isolation is explained, and printed instructions are left giving the best means of preventing the disease spreading, and also details about disinfection of the room, hands, &c.

All the children in the house are kept from school during the illness, and for some time after the patient has rejoined the household.

Disinfection.

Disinfection has, as usual, been carried out after every case of infectious disease. The method adopted in our district, in the absence of a steam disinfector, is by the fumigation of the premises with a 40 % solution of formaldehyde, three ounces being allowed for a room of ordinary size: after the fumigation, boiling of all infected bedding and clothing when possible, thorough scrubbing with soap and water, and free exposure to air are insisted on. It is also suggested that the ceiling should be limewashed and the walls re-papered, and the room not slept in for some little time.

This method of disinfection, however, cannot be relied upon to sterilize bulky articles, such as mattresses and feather beds. The great want, of course, is a steam disinfector for the purifying of things that cannot be boiled, in the absence of which a great deal depends on the

good sense and intelligence of the householder. So far, however, I have always been able, more or less, to get my instructions carried out when I have fully explained the necessity, and this is shown by the fact that very rarely do we have a second case occurring in a house after the disinfection.

I would again ask that a spray be purchased; it can be obtained at a moderate price, and would certainly be an additional help in the sterilizing of bulky articles.

Isolation Hospital.

The question of an Isolation Hospital in a small community is always a difficult problem—it is a matter of expense.

As far as I can see, there are only two courses open: one is for the County Council to take the subject up, under the Isolation Hospitals Act, and devise a scheme for the providing of such a Hospital for small Urban Districts, the other is for these districts to combine and have a joint Hospital in exactly the same way as the Small Pox Hospital is maintained.

I should have thought that this latter plan would have been welcomed by similar Authorities, and I believe communications have taken place on the subject, but the idea has apparently not been favourably received.

Grave objections have of late been raised to the isolation of Scarlet Fever patients in hospital. It is contended that the disease is neither eradicated nor its prevalence lessened. One can agree with the former statement, but when it is impossible to obtain isolation at home, hospital treatment must of necessity prevent the disease spreading to other members of the household, and so diminish the number of cases.

I think this subject is at the present time under your consideration, and I trust that before long some solution will be found to this difficult, but important, problem.

Scavenging.

I reported favourably on this important sanitary work in 1906, and I am glad to be able to again testify to the excellent way in which the work has been done. Personally I have had no complaints, and the Surveyor informs me that he has had very few. The ashpits that I inspected were all thoroughly cleaned out, and no refuse was left lying about the yards. The work, too, has been carried out between the proper hours.

Last year I mentioned that the waste-water closets had been giving some trouble in consequence of the failure to drain properly. You have now decided, I believe, to insist on all new houses being provided with a cistern water closet. This is a decided improvement and will be well worth the extra outlay.

I would again draw attention to the unsatisfactory condition of many of the yards and spaces around houses. These should be asphalted or paved with some hard, impervious material, so that they can easily be kept clean. In their present state, when slops and organic matter are thrown about, as is too often the case, conditions arise which are very prone to produce disease, especially in hot, dry weather.

Nuisances.

The cesspools in connection with some houses in Plains Road are constantly giving trouble, they are not emptied often enough and consequently the drains get filled up to the top of the gully.

Wet ash-pits which were formerly such a constant source of trouble and annoyance, were not so numerous as in some previous years. It has happened several times during the year that neighbouring contractors have brought night soil through the district during the hours prohibited to your own contractor. This should not be allowed, as apart from the intolerable nuisance which it creates, it is a bad example to your contractor, besides being somewhat hard that other people are allowed to do what he is forbidden.

Sewers.

The condition of the sewers is satisfactory, and they are regularly flushed.

The three unsewered roads mentioned in my last report have now been sewered, viz.—Arnehill Road, Bonnington Road and Scout Lane. There are four houses in the last not yet connected.

Houses unfit for Habitation.

The tenants in the property in Derry Mount, about which I have complained for some years, had notice to quit, with the exception of the one who lives in the only decent house, so this nuisance is mitigated to a certain extent. It seems a pity, however, that something could not be done to the property, either that it is put into a thorough state of repair, or else pulled down altogether.

I have not come across any other houses quite so bad as these, but there are a few which approach very nearly.

Overcrowding.

No glaring instances of overcrowding have come under my notice during the year, though I have had occasion to remonstrate once or twice on the subject, and the householders have done their best to remedy the defect.

Cowsheds.

I beg to congratulate the Council on the adoption of the Local Government Board's Bye-Laws, which will come into force in 1909.

I understand that due notice will, or has already been given to the cowkeepers, and a copy of the Bye-Laws provided. I am perfectly certain that the passing of this order will be for the lasting good of the community, and I feel sure that the enforcement of it will be carried out with tact and discretion.

It may seem hard to compel people, who have kept cows in a certain condition for a number of years, to change this method, and undoubtedly it will be a pecuniary hardship for some, because it will mean many alterations in some cowsheds, and in others, quite new ones, yet it behoves us all to do the best we can for our district, and endeavour to bring it up to the highest state of sanitation.

Slaughter-houses.

The Sanitary Inspector and myself have made systematic inspections of these, and our report is again satisfactory. There are six in regular use and they are all licensed. There were no great defects to find in any of them, they were all kept clean and well ventilated. One required limewashing, which was done within a few days on attention being called to it.

I believe that systematic inspections of slaughter-houses and bake-houses have a very salutary effect, as they make the owners exercise greater care in keeping them clean.

Factories, Workshops, and Bakehouses.

There are 11 factories, 19 bakehouses, and 63 other workshops on the register.

They have all been inspected during the year and, with few exceptions, found satisfactory. Instructions have had to be given from time to time to limewash more frequently, this appears to be the chief failing in workshops generally.

As regards bakehouses I find from my notes that I ordered lime-washing to be done in five instances. That in four there was neither Act nor Register kept as required by sections 128 and 129 of the Factory and Workshop Act, and that in four the Act was posted up, but no register kept. I should classify them as follows :—

Good (kept clean and limewashed regularly)	...	12
Fair (clean, but requiring limewashing)	...	5
Bad (dirty in all respects)	... ..	2

There is one underground bakehouse, the certificate for which was granted in 1903.

Twenty-one addresses of out-workers living in the district were received from other Councils, and 34 were forwarded from here to other Authorities.

Seventy-eight inspections of out-workers' premises were made.

In two instances home work was prohibited on account of Scarlet Fever and Diphtheria in the house.

In conclusion, Gentlemen, I beg to thank you for the unvarying courtesy and consideration which I have at all times received at your hands.

I am,

Your obedient servant,

HARVEY FRANCIS, M.D.,

Medical Officer of Health.

ARNOLD DISTRICT.

TABLE I.

Vital Statistics of Whole District during 1907 and previous Years.

Year	Population estimated to Middle of each Year	Births		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District	Deaths of Non-residents registered in Public Institutions in the District	Deaths of Residents registered in Public Institutions beyond the District	Net Deaths at all Ages belonging to the District	
		Number	Rate*	Under 1 Year of Age		At all Ages					Number	Rate*
				Number	Rate per 1,000 Births registered	Number	Rate*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1897	8346	279	33.42	71	25.4	155	18.57	...	...	...	155	18.57
1898	8448	246	29.1	38	15.4	112	13.25	...	...	2	114	13.49
1899	8550	251	29.35	45	17.9	132	15.43	...	...	1	133	15.55
1900	8654	304	35.12	46	15.1	146	16.87	...	...	3	149	17.21
1901	8757	265	30.26	37	13.9	111	12.67	...	...	3	114	13.01
1902	8856	290	32.74	41	14.1	130	14.67	...	...	3	133	15.01
1903	8954	294	32.83	50	17.0	133	14.85	...	...	...	133	14.85
1904	9900	295	29.79	59	20.0	143	14.4	...	...	...	143	14.4
1905	10530	310	29.43	50	16.1	156	14.8	...	...	6	162	15.38
1906	10233	313	30.58	39	12.4	124	12.11	...	...	16	140	13.68
Averages for years 1897-1906	9122	284	31.26	47	16.7	134	14.76	...	...	...	137	15.11
1907	10417	309	29.66	46	14.8	119	11.42	...	...	13	132	12.67

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water), 4612.

Total population at all ages, 8,757.

Number of inhabited houses, 1,799.

Average number of persons per house, 4.8.

At Census of 1901.

TABLE III.

Cases of Infectious Disease notified during the Year 1907.

[illegible]

ARNOLD DISTRICT.

TABLE IV.

Causes of, and ages at, Death during Year 1907.

CAUSES OF DEATH	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES							DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES)							TOTAL DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT
	All ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards								
Small-Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	3	1	2	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup)	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Croup .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(Typhus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever, Enteric ..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..
(Other continued ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza ..	2	..	..	..	..	2	..	..	..	..	..	..	..	..	..
Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea	7	7	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteritis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Sceptic Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis	12	..	..	1	1	10	..	..	..	..	..	..	..	..	..
Other Tubercular Diseases	3	..	..	2	1	..	..	..	..	..	..	..	..	..	..
Cancer, Malignant Diseases	6	..	..	..	..	3	3	..	..	..	..	..	..	..	..
Bronchitis	18	5	1	..	..	2	10	..	..	..	..	..	..	..	..
Pneumonia	15	7	2	..	1	4	1	..	..	..	..	..	..	..	..
Pleurisy .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Diseases of Respiratory Organs	4	2	1	..	..	1	..	..	..	..	..	..	..	..	..
Alcoholism .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cirrhosis Liver ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Venerable Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Premature Birth ..	10	10	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases and Accidents of Parturition ..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Heart Diseases ..	7	..	..	..	..	3	4	..	..	..	..	..	..	..	..
Accidents	3	..	1	1	1	..	..	..	..	..	..	..	..	..	..
Suicides .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
All other causes ..	39	14	1	..	..	11	13	..	..	..	..	..	..	..	..
All causes ..	132	46	9	4	4	38	31	..	..	..	..	..	..	..	..

ARNOLD DISTRICT.

TABLE V.

Infantile Mortality during the Year 1907.

Deaths from stated Causes in Weeks and Months under one Year of Age.

CAUSES OF DEATH	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months	Total Deaths under One Year
All Causes { Certified ..	10	1	2	1	14	8	6	3	2	2	2	1	3	3	2	..	46
Uncertified
Common Infections Diseases.																	
Small-Pox
Chicken-Pox
Measles	1	..	..	..	1
Scarlet Fever
Diphtheria: Croup
Whooping Cough
Diarrhoeal Diseases.																	
Diarrhoea, all forms	1	..	2	1	1	..	1	..	..	1	..	7
Enteritis
Gastritis, Gastro-intestinal Catarrh
Wasting Diseases.																	
Premature Birth ..	5	1	1	..	7	3	..	..	..	..	..	..	..	..	..	..	10
Congenital Defects ..	5	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	5
Injury at Birth
Want of Breast-Milk	1	..	1	2	..	..	..	..	1	..	..	..	..	..	4
Atrophy, Debility, Marasmus	1	..	1	..	..	..	..	..	..	..	2
Tuberculous Diseases.																	
Tuberculous Meningitis
Tuberculous Peritonitis: Tabes Mesenterica
Other Tuberculous Diseases
Erysipelas
Syphilis
Rickets
Meningitis
Convulsions	1	1	1	..	..	..	..	..	..	..	..	1	..	3
Bronchitis	1	..	..	..	1	..	1	2	..	..	5
Laryngitis	1	..	..	..	1
Pneumonia	1	3	1	..	1	..	..	..	1	..	..	7
Suffocation, overlying	1	..	..	..	..	..	..	..	..	..	1
Other Causes
	10	1	2	1	14	8	6	3	2	2	2	1	3	3	2	..	46

Births in the year { Legitimate, 295.
 { Illegitimate, 14.

Population—Estimated to middle of 1907, 10,417.
 Deaths from all Causes at all Ages, 132.

Deaths in the year { Legitimate Infants, 40.
 { Illegitimate Infants, 6.

ARNOLD DISTRICT.

Annual Report of the Medical Officer of Health for the year 1907 on the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, Laundries, Workplaces and Homework.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (including Factory Laundries)	22	..	..
Workshops (including Workshop Laundries)	160	..	..
Workplaces (other than the Outworkers' premises included in Part three of this Report) .. .. .	—	..	..
Total	182	..	..

2.—DEFECTS FOUND.

Particulars.	No. of Defects.			Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness .. .. .	..	..	.	..
Want of ventilation .. .. .	..	..	..	..
Overcrowding .. .. .	..	..	..	..
Want of drainage of floors .. .. .	..	..	..	..
Other nuisances .. .. .	..	..	..	..
Sanitary accommodation {	insufficient .. .. .	..	..	..
	unsuitable or defective	2	2	..
	not separate for sexes	..	..	..
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (s. 101)	..	..	..	..
Breach of special sanitary requirements for bake-houses (ss. 97 to 100) .. .. .	..	..	..	..
Other offences .. .. .	..	..	..	..
(Excluding offences relating to outwork which are included in Part 3 of this Report) .. .. .	..	..	..	..
Total	2	2	..	..

3.—HOME WORK.

NATURE OF WORK	OUTWORKERS' LISTS, SECTION 107										OUTWORK IN UNWHOLESOME PREMISES, SECTION 108			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110			
	Lists received from Employers					Addresses of Outworkers		Prosecutions		Inspections of Outworkers' premises	Instances	Notices served	Prosecutions	Instances	Orders made (S. 110)	Prosecutions (Sections 109, 110)	
	Twice in the year		Once in the year			Received from other Councils	Forwarded to other Councils	Failing to keep or permit inspection of lists	Failing to send lists								
	Lists	Outworkers		Lists	Outworkers												
		Con-tractors	Work-men		Con-tractors												Work-men
Wearing apparel— (1) making, &c. (2) cleaning and washing lace, lace curtains and nets Artificial flowers Nets, other than wire nets Tents Sacks Furniture and Upholstery Fur pulling Feather sorting Umbrellas, &c. Carding, &c., of buttons, &c. Paper bags and boxes Basket making Brush making Racquet and tennis balls Stuffed toys File making Electro-plate Cables and chains Anchors and grapnels Cart gear Locks, latches and keys Pea picking Total	4 .. 2 .. 																

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.										Num- ber.
Bakehouses	..	..	..	..	..	..	..	..	..	19
Hosiery	..	..	..	..	..	..	..	..	..	47
Joiners, Shoe repairers, &c.	..	..	..	..	..	..	..	..	..	16
Total number of workshops on Register										82

5.—OTHER MATTERS.

Class.											Num- ber.									
Matters notified to H.M. Inspector of Factories :—																				
Failure to affix Abstract of the Factory and Workshop Act (s. 133)											..	..						
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)											(Notified by H.M. Inspector Reports (of action taken) sent to H.M. Inspector .. ..)	..	..					
Other												..	..					
Underground Bakehouse (s. 101) :—																				
Certificates granted during the year											..	..	..	..	..	..	..	..	..	..
In use at the end of the year											..	..	..	..	..	..	..	..	..	1
Total											..	..	..	..	..	..	..	..	..	1

March 2nd, 1908.

Harvey Francis,
Medical Officer of Health.

